



## City of Gulf Shores

Purchasing Department

160 West 36th Avenue

Gulf Shores, AL 36542

Phone: (251) 968-1443 Fax: (251) 968-1442

### Vendor Application Form

The City of Gulf Shores, AL is not responsible for payment of any goods or services provided prior to the completion and acceptance of this Vendor Application Form and all applicable attachments. It is the responsibility of the vendor to keep all information current and notify the city of any changes.

#### Application Type:

\_\_\_\_ New      \_\_\_\_ Owner Change      \_\_\_\_ Location Change      \_\_\_\_ Name Change

#### Business Name:

\*\*You are required to use the precise legal name as associated with your taxpayer identification number.

Legal Name: \_\_\_\_\_

DBA, if different from above: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Street      City      State      Zip

Mailing Address: \_\_\_\_\_

Street      City      State      Zip

Telephone: \_\_\_\_\_

Business      Fax      Home

Website: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Name      Phone Number

#### Classification:

\*\*You must supply a valid Federal Tax ID# or a SSN#. If this information is not given, we are required by IRS regulations to withhold 31% of all monies due. A completed W-9 must be submitted with this form.

Taxpayer ID Type: \_\_\_\_ EIN      \_\_\_\_ SSN      Taxpayer ID #: \_\_\_\_

Classification:      \_\_\_\_ Individual/Sole Proprietor      \_\_\_\_ Professional Corp.  
\_\_\_\_ Corporation      \_\_\_\_ Other  
\_\_\_\_ Partnership  
\_\_\_\_ Limited Liability Corporation

Number of Employees:      \_\_\_\_ 1-4 employees      \_\_\_\_ More than 5 employees

\*\*If you have more than four (4) employees, full or part-time and including officers of a corporation, the Alabama Workers' Compensation Law requires you to have workers' compensation insurance coverage. A copy of your Certificate of Insurance must be submitted with this form.

### **Business License Information:**

1. Is your business physically located within Gulf Shores City limits? \_\_\_\_Yes \_\_\_\_No
2. Will any sales representatives enter the Gulf Shores City Limits? \_\_\_\_Yes \_\_\_\_No
3. Will your delivery personnel/delivery truck enter Gulf Shores City Limits? \_\_\_\_Yes \_\_\_\_No

\*\*If you answered yes to at least one of the three questions listed above, you are required to obtain a City of Gulf Shores Business License. Please visit the website below to download the Business License Application Form. [http://www.cityofgulfshores.org/pages\\_2006/revenue.htm](http://www.cityofgulfshores.org/pages_2006/revenue.htm)

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### **Commodity Codes and other required forms:**

The City of Gulf Shores uses the State of Alabama Commodity Code listings. In order to place your company on our Approved Vendor List you must list all codes relative to your company and products. Please visit [http://216.226.177.92/pages/comm\\_index.aspx](http://216.226.177.92/pages/comm_index.aspx) for a list of Alabama codes.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Architectural and Engineering firms must also submit Standard Form 254. For a printable version of this form, please go to [http://www.gsa.gov/pbs/pc/hw\\_files/forms254.pdf](http://www.gsa.gov/pbs/pc/hw_files/forms254.pdf)

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### **Additional Information:**

Type of Business: \_\_\_\_\_ Manufacturer \_\_\_\_\_ Wholesaler \_\_\_\_\_ Other  
                                  \_\_\_\_\_ Contractor                   \_\_\_\_\_ Retail/Product

Can orders be placed online? \_\_\_\_Yes \_\_\_\_No

Can payment be made via credit card online? \_\_\_\_Yes \_\_\_\_No

Is any discount offered if paying with credit card? \_\_\_\_Yes \_\_\_\_No

If so, describe how discount would be applied: \_\_\_\_\_

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The information provided on this application is a true and complete representation of the above named entity and person(s) listed. I understand the requirements to do business with the City of Gulf Shores.

Signature:\_\_\_\_\_ Print Name:\_\_\_\_\_ Date:\_\_\_\_\_

Please return Vendor Application, IRS W-9, and all other applicable forms to the address above.

City Office Use Only-Please date when form is received or department receives application.

W-9 Received: \_\_\_\_\_

Purchasing: \_\_\_\_\_

Workman's Comp:\_\_\_\_\_

Accounting: \_\_\_\_\_

Liability Insurance:\_\_\_\_\_

Public Works:\_\_\_\_\_

Business License:\_\_\_\_\_

Revenue: \_\_\_\_\_